

REQUEST FOR USE OF HCBS FUNDING**Agency submitting request:****Date Submitted:**☐ **Filling Vacant HCBS funding**

Name of person <u>discontinuing</u> funding:			
DOB:		Effective date:	
Reason For discontinuing funding (may check more than one box)	<input type="checkbox"/> Death	<input type="checkbox"/> Termination	<input type="checkbox"/> Discharge
	<input type="checkbox"/> Moving out of area If moving, is person staying in South Dakota <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Requested by person/guardian (explain below)		
	<input type="checkbox"/> Other (explain below)		

Name of person to <u>receive</u> funding:			
DOB:		<input type="checkbox"/> Child <input type="checkbox"/> Adult If Child will School District/Auxiliary Placement pay match/tuition? <input type="checkbox"/> Yes <input type="checkbox"/> No School district name?	
HCBS anticipated start date:	Current service funding source if applicable:	<input type="checkbox"/> Urgent (explain below) <input type="checkbox"/> Non-urgent	

☐ **Additional HCBS funding**

Name of person to receive funding:			
DOB:		<input type="checkbox"/> Child <input type="checkbox"/> Adult If Child will School District/Auxiliary Placement pay match/tuition? <input type="checkbox"/> Yes <input type="checkbox"/> No School district name?	
HCBS anticipated start date:	Current service funding source if applicable:	<input type="checkbox"/> Urgent (explain below) <input type="checkbox"/> Non-urgent	
Transfer from another agency <input type="checkbox"/> No <input type="checkbox"/> Yes, indicate agency:			

☐ **Funding Source exchange**

Name:		Current funding source:
DOB:	Effective date:	
Name:		Current funding source:
DOB:	Effective date:	

SSI: Indicate SSI status for eligibility/LOC purposes.

Status	<input type="checkbox"/> Currently receiving <input type="checkbox"/> Never applied <input type="checkbox"/> Application pending <input type="checkbox"/> Denied
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Submitted by:	Date:
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Describe need of request:**DDD USE ONLY**

Resource coordinator contacted <input type="checkbox"/> Yes <input type="checkbox"/> No		Resource coordinator comments included <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Funding approved <input type="checkbox"/> Agency advised to place on waiting list <input type="checkbox"/> Funding not approved		<input type="checkbox"/> Pended for more information; Comments	
Program Specialist signature:		Date:	
DDD Director or Designee signature:		Date:	
Date faxed to agency:		Staff initials:	

Urgent status is defined as:

1. Homeless or at imminent risk of being homeless.
2. Currently residing in an abusive, neglectful or exploitive situation.
3. In a life-threatening situation.